

Application for Employment

Frontier Assisted Living

Date _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone No. () _____ Social Security No. _____

Date Available for Employment: _____

Are you available for work: ☐ Full Time ☐ Part Time ☐ Temporary

Position applied for: _____

Are you currently employed? ☐ Yes ☐ No If so, where? _____

May we contact your current employer? ☐ Yes ☐ No If so, phone no. () _____

Have you been convicted of a felony within the last seven- (7) years? ☐ Yes ☐ No

If yes, explain: _____

	Schools Attended	Dates	Yrs. Completed
Elementary:			
High School:			Did you graduate?
College:			
Trade:			
Other:			

Military Service:

Branch _____ Date Served _____

Rank at Discharge _____ Type of Discharge _____

References:

Name _____

Address _____

Phone No. _____ Years Known _____

Name _____

Address _____

Phone No. _____ Years Known _____

Name _____

Address _____

Phone No. _____ Years Known _____

Name _____

Address _____

Phone No. _____ Years Known _____

Notes:

Employment Experience:

Employer _____
Address _____
Phone No. () _____ Dates Employed
Job Title _____ From _____
Supervisor _____ To _____
Reason for Leaving _____

Employer _____
Address _____
Phone No. () _____ Dates Employed
Job Title _____ From _____
Supervisor _____ To _____
Reason for Leaving _____

Employer _____
Address _____
Phone No. () _____ Dates Employed
Job Title _____ From _____
Supervisor _____ To _____
Reason for Leaving _____

Employer _____
Address _____
Phone No. () _____ Dates Employed
Job Title _____ From _____
Supervisor _____ To _____
Reason for Leaving _____

Employer _____
Address _____
Phone No. () _____ Dates Employed
Job Title _____ From _____
Supervisor _____ To _____
Reason for Leaving _____

*Signature of Applicant attesting that the above information is
accurate and true:*

Date _____

Applicant Reference Check Form

Facility Name **Frontier Assisted Living Community**
Facility Address 121 South 3rd Street, Livingston, Montana 59047

I hereby give consent for facility to check my references.

Signed: _____ **Date:** _____

Reference Name: _____ Relationship to applicant: _____

Company Name: _____ Phone: _____

1. Could you tell me the dates he/she was with your company?
2. What was his/her position?
3. What was his/her salary/wage?
4. He/she stated their reason for leaving was _____ does that match your records?
5. Would you consider the employee eligible for re-hire?

Can you tell me why?

6. Any injuries on the job?

BEHAVIOR	POOR	FAIR	GOOD	EXCELLENT
Attendance				
Professionalism				
Teamwork				
Initiative				
Quality of Work				
Customer Service				
Leadership ability				
Solving problems				
Under pressure				
Technical skills/accuracy				

Above reference checked by: _____ Date: _____